EXPRESS MAIL NO. <u>EV 763 797 996 US</u>

AMENDMENT TRANSMITTAL LETTER (Large Entity)  Applicant(s): Syed F.A. Hossainy et al.  Serial No. Filing Date Examiner Group Art Unit 10/603,889 June 25, 2003 Bret P. Chen 1762  Invention:  Fluid Treatment Of A Polymeric Coating On An Implantable Medical Device  TO THE COMMISSIONER FOR PATENTS:  Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as show below.  CLAIMS AS AMENDED  CLAIMS AS AMENDED  CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE ADDITIONAL FILE  TOTAL CLAIMS 49 46 3 X \$50.00 \$150.00  INDEP. CLAIMS 2 3 0 X \$200.00 \$00.00  Multiple Dependent Claims (check if applicable)  \$00.00  Multiple Dependent Claims (check if applicable)  \$00.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$00.00  A duplicate copy of this sheet is enclosed.  A check in the amount of to cover the filing fee is enclosed.  The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or crany overpayment to Deposit Account No. 07-1850			
Invention:			
Invention:   Fluid Treatment Of A Polymeric Coating On An Implantable Medical Device			
Invention: Fluid Treatment Of A Polymeric Coating On An Implantable Medical Device  TO THE COMMISSIONER FOR PATENTS:  Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as show below.  CLAIMS AS AMENDED  CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE ADDITIONAL FIT OTAL CLAIMS 49 46 3 X \$50.00 \$150.00 INDEP. CLAIMS 2 3 0 X \$200.00 \$00.00 Multiple Dependent Claims (check if applicable)			
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as show below.    CLAIMS AS AMENDED			
Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as show below.    CLAIMS AS AMENDED			
Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as show below.  CLAIMS AS AMENDED  CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE ADDITIONAL FIT TOTAL CLAIMS 49 46 3 X \$50.00 \$150.00 INDEP. CLAIMS 2 3 0 X \$200.00 \$00.00 Multiple Dependent Claims (check if applicable)			
The fee has been calculated and is transmitted as show below.    CLAIMS AS AMENDED			
CLAIMS AS AMENDED  CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE ADDITIONAL FIT TOTAL CLAIMS 49 46 3 X \$50.00 \$150.00 INDEP. CLAIMS 2 3 0 X \$200.00 \$00.00 Multiple Dependent Claims (check if applicable)  \$00.00			
CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE ADDITIONAL FITTOTAL CLAIMS 49 46 3 X \$50.00 \$150.00  INDEP. CLAIMS 2 3 0 X \$200.00 \$00.00  Multiple Dependent Claims (check if applicable)  \$00.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$00.00  No additional fee is required for amendment.  Please charge Deposit Account No. 07-1850 in the amount of \$150.00  A duplicate copy of this sheet is enclosed.  A check in the amount of to cover the filing fee is enclosed.  The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or critical properties.			
CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE ADDITIONAL FITTOTAL CLAIMS 49 46 3 X \$50.00 \$150.00  INDEP. CLAIMS 2 3 0 X \$200.00 \$00.00  Multiple Dependent Claims (check if applicable)  \$00.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$00.00  No additional fee is required for amendment.  Please charge Deposit Account No. 07-1850 in the amount of \$150.00  A duplicate copy of this sheet is enclosed.  A check in the amount of to cover the filing fee is enclosed.  The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or critical properties.			
AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE ADDITIONAL FIT TOTAL CLAIMS 49 46 3 X \$50.00 \$150.00 INDEP. CLAIMS 2 3 0 X \$200.00 \$00.00 Multiple Dependent Claims (check if applicable) \$00.00 \$00.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$00.00 \$00.00 No additional fee is required for amendment.    No additional fee is required for amendment. Please charge Deposit Account No. 07-1850 in the amount of \$150.00 A duplicate copy of this sheet is enclosed.   A check in the amount of to cover the filling fee is enclosed.   The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or c			
INDEP. CLAIMS  2  3  0  X \$200.00  \$00.00  Multiple Dependent Claims (check if applicable)  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT  \$00.00  No additional fee is required for amendment.  Please charge Deposit Account No. 07-1850 in the amount of \$150.00  A duplicate copy of this sheet is enclosed.  A check in the amount of to cover the filing fee is enclosed.  The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or cr			
Multiple Dependent Claims (check if applicable) \$\ \text{TOTAL ADDITIONAL FEE FOR THIS AMENDMENT} \ \\$00.00 \$\ \text{TOTAL ADDITIONAL FEE FOR THIS AMENDMENT} \ \\$00.00 \$\ \text{DODITIONAL FEE FOR THIS AMENDMENT} \ \\$00.00 \$\ DODITIONAL FEE FOR THIS AMENDMENT \ \\$00.00 \$\ \text{DODITIONAL FEE FOR THIS AMENDMENT \ \\$00.0			
No additional fee is required for amendment.  Please charge Deposit Account No. 07-1850 in the amount of \$150.00  A duplicate copy of this sheet is enclosed.  A check in the amount of to cover the filing fee is enclosed.  The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or cr			
<ul> <li>No additional fee is required for amendment.</li> <li>✓ Please charge Deposit Account No. 07-1850 in the amount of \$150.00         <ul> <li>A duplicate copy of this sheet is enclosed.</li> <li>✓ A check in the amount of to cover the filing fee is enclosed.</li> </ul> </li> <li>✓ The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or cr</li> </ul>			
<ul> <li>✓ Please charge Deposit Account No. 07-1850 in the amount of \$150.00         A duplicate copy of this sheet is enclosed.         ✓ A check in the amount of to cover the filing fee is enclosed.         </li> <li>✓ The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or cr</li> </ul>			
<ul> <li>✓ Please charge Deposit Account No. 07-1850 in the amount of \$150.00         A duplicate copy of this sheet is enclosed.         ✓ A check in the amount of to cover the filing fee is enclosed.         </li> <li>✓ The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or cr</li> </ul>			
A duplicate copy of this sheet is enclosed.  A check in the amount of to cover the filing fee is enclosed.  The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or cr			
<ul> <li>□ A check in the amount of to cover the filing fee is enclosed.</li> <li>☑ The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or cr</li> </ul>			
any overpayment to Deposit Account No. 07-1850			
A duplicate copy of this sheet is enclosed.			
Any additional filing fees required under 37 C.F.R. 1.16.			
Any patent application processing fees under 37 C.F.R. 1.17.			
Dated: January 3, 2006 Squire, Sanders & Dempsey L.L.P.  Cameron K. Kerrigan Reg. No. 44/826 San Francisco, CA 94111 (415) 954-0200 cc: Docket:			

PATENT

Attorney Docket No.: 50623.257

EXPRESS MAIL NO. EV 763797996 US

JAN 0 3 2006

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Examiner:	Bret P. Chen
Syed F.A. Hossainy et al.		
Serial No.: 10/603,889	Art Unit:	1762
Filed: June 25, 2003		
Title: Fluid Treatment Of A Polymeric C	Coating On An Ir	nplantable Medical Device

Mail Stop Amendment Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

## **Response to Office Action**

Dear Examiner Chen:

This is a response to the office action dated October 4, 2005, which has a shortened statutory period for rely set to expire on January 4, 2005.

01/06/2006 HDEMESS1 00000063 071850 10603889 01 FC:1202 150.00 DA